

DAVID

, DAVID

Smead
UPC 14537
No. 2K2-153L-183
MASTERS, MN



Miscellaneous

- _____ Personal File Access Log
- _____ I-9 (filed separately)
- _____ Request to Inspect Personnel File
- _____ Previous Service Records

PERSONNEL FILE ACCESS LOG

[illegible]

I, David Davis, received on this date a copy of my personnel file as requested.



David Davis

08/09/2005

Date

Miscellaneous

_____ Confidential File Access Log

_____ Request to Inspect Personnel File

CONFIDENTIAL FILE ACCESS LOG

[illegible]

Personnel

- ☐ Separation Notice
- ☒ Acknowledgment of Handbook
- ☐ Orientation Checklist
- ☒ Personal/Emergency Information
- ☐ Worker's Compensation Procedure/Bill of Rights
- ☐ Confidentiality Form
- ☐ Conflict of Interest/Ethical Behavior
- ☐ Miscellaneous Acknowledgments
- ☒ Computer Information Worksheet
- ☒ Harassment Policy
- ☒ Drug Free Workplace/Substance Abuse Program Acknowledgment
- ☒ Application/Resume



City of **PHENIX CITY** *Alabama*

601-12th STREET
PHENIX CITY, ALABAMA 36867
(334) 448-2751 - FAX (334) 448-2712

JEFF HARDIN
MAYOR

RAY BUSH
COUNCIL MEMBER AT LARGE

JOHN STOREY
COUNCIL MEMBER DISTRICT 1

GAIL BRANTLEY
COUNCIL MEMBER DISTRICT 2

ARTHUR SUMBRY
COUNCIL MEMBER DISTRICT 3

H. H. (Bubba) ROBERTS
CITY MANAGER

MARTHA HARRIS
CITY CLERK

May 4, 2006

David P. Davis
185 Lee Road 236
Phenix City, AL 36870

RE: Personnel File

Dear Mr. Davis,

In response to your request for a copy of your personnel file you will find enclosed copies of all documents dated after August 5, 2005. You requested on that date a complete copy of your file and received the documents. The enclosed files are documents which have been added to your file since your obtaining the previous copy.

Should you have any questions please feel free to call.

Sincerely,

Barbara Goodwin
Personnel Director

04/21/2006

Barbara Goodwin/Personnel Director,

I am humbly requesting a copy of my personnel file, as well as any other files keep by the fire department or other city agencies. In addition, I am also requesting a copy of the paperwork associated with my final write-up and termination.

Respectively,



David P. Davis
185 Lee 236
Phenix City, AL 36870
(334) 291-1927



City of PHENIX CITY Alabama

601-12th STREET
PHENIX CITY, ALABAMA 36867

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CITY MANAGER

BARBARA GOODWIN
PERSONNEL DIRECTOR

MARTHA HARRIS
CITY CLERK

END OF EMPLOYMENT FORM CITY OF PHENIX CITY

The employment of David Paul Davis Emp # 1299 ended

April 21, 2006 for the following reason:

 Resigned X Dismissed Deceased Retired Other

If resigned, dismissed, retired or other explain below

If deceased-Date of death below

Group II Line 4 which states " Negligence or omission in complying with the requirements as set forth in miscellaneous rules". AND Group III Line # 6 which states " Insubordination by the refusal to perform work assigned/to comply with written or verbal instructions of the supervisory force."

19 P. A.
EMPLOYEE

CITY MANAGER

185 Lee Rd 336

Barbara Goodwin
PERSONNEL DIRECTOR

Phenix City AL 36870
Mailing Address

Wallace B. Hester
DEPARTMENT HEAD

04/21/2006 10:18
DATE AND TIME SIGNED

FIRE
DEPARTMENT

DIVISION

**SPECIAL TAX NOTICE
REGARDING PLAN PAYMENTS**

**RETIREMENT SYSTEMS
OF ALABAMA**

*Retirement Systems of Alabama
135 South Union Street
Montgomery, Alabama 36130-2150
(334)832-4140 OR (800)214-2158*

ISSUED 12/04

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

RETIREMENT SYSTEMS OF ALABAMA

This notice explains how to continue deferring federal income tax on your retirement savings in the Retirement Systems of Alabama (RSA) and contains important information you will need before you decide how to receive your RSA benefits.

This notice is provided to you by the RSA because all or part of the payment that you will soon receive from the RSA may be eligible for rollover by you or the RSA to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the RSA of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a Simple IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An eligible *employer plan* includes a plan qualified under Section 401(a) of the Internal Revenue Code, including a 401(k) Plan, Profit-sharing Plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) Annuity Plan; a Section 403(b) Tax-sheltered Annuity; and an eligible Section 457(b) Plan maintained by a governmental employer (governmental 457 Plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to a traditional IRA or to split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from the RSA. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact the RSA at (334) 832-4140, or 1-800-214-2158.

SUMMARY

There are two ways you may be able to receive a plan payment that is eligible for rollover:

- (1) *DIRECT ROLLOVER*: Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit, or
- (2) The payment can be *PAID TO YOU*.

If you choose a *DIRECT ROLLOVER*:

- Your payment will not be taxed in the current year, and no income tax will be withheld.
- You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA or a Coverdell Education Savings Account because these are not traditional IRAs.
- Your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this plan.

If you choose to have a Plan payment that is eligible for rollover *PAID TO YOU*:

- You will receive only 80% of the taxable amount of the payment, because the RSA is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59 ½, you may have to pay an additional 10%.
- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

YOUR RIGHT TO WAIVE THE 30-DAY NOTICE PERIOD: Generally, neither a direct rollover nor a payment can be made from the RSA until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the RSA.

MORE INFORMATION

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PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the RSA may be *eligible rollover distributions*. This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from the RSA cannot be rolled over to a Roth IRA, a Simple IRA or a Coverdell Education Savings Account. Your Plan Administrator should be able to tell you whether your payment is an eligible rollover distribution. The following types of payments cannot be rolled over:

AFTER-TAX CONTRIBUTIONS: If you made after-tax contributions to the RSA, these contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of the after-tax contributions.

The following rules apply:

- a) Rollover into a Traditional IRA. You can roll over your after-tax contributions to a traditional IRA either directly or indirectly. The RSA should be able to tell how much of your payment is the taxable portion and how much is the after-tax portion. If you roll over after-tax contributions to a traditional IRA, it is your responsibility to keep track of, and report to the Service on the applicable forms, the amount of these after-tax contributions. This will enable the nontaxable amount of any future distributions from the traditional IRA to be determined. Once you roll over your after-tax contributions to a traditional IRA, those amounts cannot later be rolled over to an employer plan.
- b) Rollover into an Employer Plan. You can roll over after-tax contributions from an employer plan that is qualified under Code section 401(a) or a section 403(a) annuity plan to another such plan using a direct rollover if the other plan provides separate accounting for amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You CANNOT roll over after-tax contributions to a governmental 457 plan. If you want to roll over your after-tax contributions to an employer plan that accepts these rollovers, you cannot have the after-tax contributions paid to your first. You must instruct the RSA to make a direct rollover on your behalf. Also, you cannot first roll over after-tax contributions to a traditional IRA and then roll over that amount into an employer plan.

THE FOLLOWING PAYMENTS CANNOT BE ROLLED OVER:

PAYMENTS SPREAD OVER LONG PERIODS: You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- your lifetime (or a period measured by your life expectancy), or
- your lifetime and your beneficiary's lifetime (or a period measured by your joint life expectancies), or

- a period of 10 years or more.

CORRECTIVE DISTRIBUTIONS: A distribution that is made because legal limits on certain contributions were exceeded cannot be rolled over.

The RSA should be able to tell you if your payment includes amounts which cannot be rolled over.

II.

DIRECT ROLLOVER

A **DIRECT ROLLOVER** is a direct payment of the amount of your RSA benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a **DIRECT ROLLOVER** of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a **DIRECT ROLLOVER** until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your RSA benefits for which you choose a **DIRECT ROLLOVER**. The Plan might not let you choose a **DIRECT ROLLOVER** if your distributions for the year are less than \$200.

DIRECT ROLLOVER TO A TRADITIONAL IRA: You can open a traditional IRA to receive the **DIRECT ROLLOVER**. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a **DIRECT ROLLOVER** to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. * See *IRS Publication 590, Individual Retirement Arrangements*, for more information on traditional IRAs including limits on how often you can roll over between IRAs.

DIRECT ROLLOVER TO A PLAN: If you are employed by a new employer that has an eligible employer plan, and you want a **DIRECT ROLLOVER** to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a **DIRECT ROLLOVER** to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the Plan Administrator of that plan before making your decision.

CHANGE IN TAX TREATMENT RESULTING FROM A DIRECT ROLLOVER: The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your **DIRECT ROLLOVER** might be different than if you received your benefit in a taxable distribution directly from RSA. For example, if you were born before January 1, 1936, you might be entitled to ten-year averaging or capital gain treatment, as explained below. However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a Direct Rollover, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax if you are under age 59 1/2" and "Special Tax Treatment if you were Born before January 1, 1936."

III.

PAYMENT PAID TO YOU

If your payment can be rolled over (see Part I. above) and the payment is made to you in cash, it is subject to a 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding

MANDATORY WITHHOLDING: If any portion of your payment can be rolled over under Part I above and you do not elect to make a **DIRECT ROLLOVER**, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. For example, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see **SIXTY-DAY ROLLOVER OPTION** below) you must report the full

\$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

VOLUNTARY WITHHOLDING: If any portion of your payment is taxable but cannot be rolled over under Part I. above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, 10% will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the RSA for the election form and related information.

SIXTY-DAY ROLLOVER OPTION: If you receive a payment that can be rolled over under Part I. above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, *you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment.* The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I. above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: The taxable portion of your payment that can be rolled over under Part I. above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

ADDITIONAL 10% TAX IF YOU ARE UNDER AGE 59½: If you receive a payment before you reach age 59 ½ and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax generally does not apply to (1) payments that are paid as equal (or almost equal) over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (2) payments that are paid from an eligible employer plan after you separate from service with your employer during or after the year you reach age 55, (3) payments that are paid because you retire due to disability, (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that do not exceed the amount of your deductible medical expenses. These exceptions may be different for distributions from a traditional IRA. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax does not apply to distributions from RSA-1 or any other governmental 457 Plan, except to the extent the distribution is attributable to an amount you rolled over to the governmental 457 Plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from RSA-1 to another type of eligible employer plan or to a traditional IRA will be subject to the additional 10% tax if it is distributed to you before you reach age 59½, unless an exception applies.

SPECIAL TAX TREATMENT IF YOU WERE BORN BEFORE JANUARY 1, 1936: If you receive a payment from a plan qualified under section 401(a) or a section 403(a) annuity plan that can be rolled over under Part I and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution," it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you after you have reached age 59 ½ or because you have separated from service with your employer. For a payment to be treated as a lump sum distribution, you must have been a participant in the plan for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

TEN-YEAR AVERAGING: If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using "10-year averaging" (using 1986 tax rates). Ten-year averaging often reduces the tax you owe.

CAPITAL GAIN TREATMENT: If you receive a lump sum distribution and you were born before January 1, 1936, and you were a participant in the RSA before 1974, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the RSA taxed as long-term capital gain at a rate of 20%. There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into the RSA from a 403(b) tax-sheltered annuity contract, a governmental 457 plan, or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a distribution from the RSA (or certain other similar plans of the employer), you cannot use this special averaging treatment for later payments from the RSA. If you roll over your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use special tax treatment for later payments from that IRA, plan, or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

IV.

SURVIVING SPOUSES AND OTHER BENEFICIARIES

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees.

If you are a surviving spouse, you may choose to have a payment that can be rolled over, as described in Part I. above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a beneficiary other than a surviving spouse, you cannot choose a DIRECT ROLLOVER, and you cannot roll over the payment yourself.

If you are a surviving spouse or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59½.

If you are a surviving spouse or another beneficiary, you may be able to use the special tax treatment for lump sum distributions. If you receive a payment because of the employee's death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the RSA.

How To Obtain Additional Information

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the RSA or a professional tax advisor before you take a payment of your benefits from the RSA. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in *IRS Publication 575, Pension and Annuity Income*, and *IRS Publication 590, Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS's Internet Web Site at www.irs.gov, or by calling 1-800-TAX-FORMS.

COBRA

COBRA Continuation Coverage Election Letter

Date of Notice: 4-21-06

MM/DD/YYYY

To: David Paul DAVIS

NAME OF EMPLOYEE, SPOUSE, DEPENDENT CHILDREN, AS APPROPRIATE

Address: 185 Lee Rd 236 Phenix City AL 36870

ADDRESS TO WHICH NOTICE IS BEING SENT

This notice contains important information about your right to continue your health care coverage with your group health plan(s). Please read the information contained in this notice very carefully.

To elect COBRA continuation coverage, follow the instructions to complete the Election Form (MKT-365) and submit it to the Plan Administrator at the address below. This Election Form should be included in your COBRA Election Packet (MKT-171).

If you do not elect COBRA continuation coverage, your coverage under the plan will end on 4-30-06

MM/DD/YYYY

Please check the reason below:

☒ End of employment☐ Reduction in hours of employment☐ Death of employee☐ Divorce☐ Enrollment in Medicare☐ Loss of dependent child status

Each person ("qualified beneficiary") in the category(ies) checked below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the plan for up to _____ months.

Please check the appropriate box or boxes below and give the name:

☒ Covered employee or covered former employee _____☐ Covered spouse or covered former spouse _____☐ Dependent child(ren) covered under the plan on the day before the event that caused the loss of coverage _____☐ Child who is losing coverage under the plan because he or she is no longer a dependent under the plan _____

If any of the persons listed above do not reside at the address to which this notice was sent, please notify the Plan Administrator of the new address for these persons so that we may give them a copy of this notice.

If elected, COBRA continuation coverage will begin on May 1, 2006 and can last until 18 mos

DATE

You may elect either family coverage or single coverage for COBRA continuation coverage.

COBRA continuation coverage cost — Family: Death \$852.33Single: Death \$342.54

Your cost for COBRA coverage may change over time, as the cost of benefits under the plan changes. You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in "Important Information about your COBRA Continuation Coverage Rights" (MKT-54).

If you have any questions about this notice or your rights to COBRA continuation coverage, you should contact:

Plan Administrator: City of Phenix CityName/Position: Barbara Groover, Personnel DirectorAddress: 601 12th StreetPhone Number: 334 448-2706

*City of* **PHENIX CITY** *Alabama*

601-12th STREET
PHENIX CITY, ALABAMA 36867

JEFF HARDIN
MAYOR

RAY BUSH
COUNCIL MEMBER AT LARGE

JOHN STOREY
COUNCIL MEMBER DISTRICT 1

GAIL BRANTLEY
COUNCIL MEMBER DISTRICT 2

ARTHUR SUMBRY
COUNCIL MEMBER DISTRICT 3

H. H. (Bubba) ROBERTS
CITY MANAGER

BARBARA GOODWIN
PERSONNEL DIRECTOR

WALLACE HUNTER
FIRE CHIEF

TO: Member of the Phenix City Fire Department

FROM: Wallace Hunter, Fire Chief **W.H.**

DATE: September 20, 2005

Recently there was an article in the Ledger-Enquirer Newspaper regarding our department. Several fire fighters made comments in the paper that were likely to impair discipline and harmony in the workplace, impede job performance and jeopardize loyalty in this department.

While the City and this department recognize the right to free speech, that speech must be exercised in accordance with the merit system rules and regulations. This is especially true in a para-military organization such as our fire department. If any fire fighter has a specific grievance, it shall be presented in accordance with the procedure provided by the merit system. I encourage anyone with a grievance to follow the grievance procedure.

It occurred to me that some department members might not be as familiar as they should be with the merit system rules in regard to free speech and grievances. Therefore, I have attached hereto some of the pertinent merit system rules as they relate to free speech and grievances. These rules must be followed. The best way to build and maintain an effective and harmonious work environment is for everyone to know and follow these rules. Failure to follow the rules in the future will be dealt with in accordance with the merit system.

Copy of Merit System Rules and Regulations Section 2.054 Free Speech and Section 15.02 Employee Complaints and Grievances was received by employee on this date. Signed acknowledgement will be placed in employee's personnel file.

H. H. Roberts
Employee Name

D. Davis

Date

09/20/2005

PHENIX CITY FIRE/RESCUE SERVICES

PHONE - (334) 448-2854 - FAX - (334) 291-4755

FACSIMILE TRANSMITTAL SHEET

TO: Mindy Sexton

FROM: Capt. Bobby Brooks

COMPANY: Alabama Fire College.

DATE: 4.28.06

FAX NUMBER: 205-391-3747

TOTAL NO. OF PAGES INCLUDING COVER: 2

PHONE NUMBER: 205-391-3748

SENDER'S REFERENCE NUMBER: 334-448-2853

RE: Termination Notice

YOUR REFERENCE NUMBER:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

* * * Memory TX Result Report (Apr. 28. 2006 9:23AM) * * *

13
23

Date/Time: Apr. 28. 2006 9:23AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
5586 Memory TX FIRE DEPT	12053913747	P. 2	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection

PHENIX CITY FIRE/RESCUE SERVICES
PHONE- (334)448-2854 - FAX- (334)291-4755

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mindy Sexton	Capt. Bobby Brooks
COMPANY:	DATE:
Alabama Fire College	4.28.06
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
205-391-3747	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
205-391-3748	334-448-2853
RE:	YOUR REFERENCE NUMBER:
Termination Notice	

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Alabama Fire College and Personnel Standards

The following form must be filled out and forwarded to the Alabama Fire College and Personnel Standards Commission within TEN DAYS after termination.

Notice of Termination

Davis		David	P.
▲ Name of Employee:	Last	First	Middle
256-19-1294			
▲ Social Security Number			
Phenix City Fire Rescue			
▲ Department			
4/27/98		4/19/06	
▲ Date of Employment		▲ Date of Termination	
Involuntary			
▲ Type of Termination (State if Deceased, Retired, Resigned or Involuntary)			
▲ Comments			
Is the employee continuing in the fire service? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>			
▲ If Yes, please give name of Department			
4/28/06		Wallace B. Hunt	
▲ Date		▲ Signed (Fire Chief or Authorized Agent)	

2501 Phoenix Drive • Tuscaloosa, Alabama 35405

NOTICE OF FIDUCIARY DEPOSIT AND REQUEST FOR REFUND

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
(334) 832-4140 or 1-800-214-2158
Web site: www.rsa.state.al.us

Check One:

- ☒ ERS
☐ TRS
☐ JRF

See reverse side for instructions.

Please type or print using black ink.

PART I MEMBER INFORMATION

Name: DAVIS DAVID Paul Date of Birth: 11-9-74
Last First Middle Maiden
Social Security No.: 256-19-1294 Home Phone Number: ()
Address: _____ Work Phone Number: ()
Street Address or P. O. Box
City State Zip RSA Account Number: _____
(If known)

PART II DISTRIBUTION OPTION (PLEASE READ THE ENCLOSED SPECIAL TAX NOTICE BEFORE COMPLETING THE REMAINDER OF THIS FORM.)

Please check either Part A or Part B:

Part A. ☐ Lump Sum Payment: I elect to receive a lump sum payment, less the 20% Federal Income Tax withholding required.

Part B. ☐ DIRECT ROLLOVER: I elect to have the funds rolled over to the trustee named below (for transfers of less than 100%, the remainder above address).

Trustee Information (complete only if Part B is checked)

Trustee Name: _____

Contact Person: _____

Address: _____
Street Address or P. O. Box

Type of account into which money will be rolled over:

- ☐ 401 Qualified Retirement Plan
☐ 408(a) Individual Retirement Account

- ☐ 403(a) Annuity Contracts
☐ 408(b) Individual Retirement Annuity

- ☐ 403(b) Tax Sheltered Annuity
☐ Governmental Deferred Compensation Plans (IRC 457)

A Roth IRA or Education IRA are not eligible plans.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Plan Payments prior to signing this certification and waive the requirement of 30 days notice by checking one of the boxes above and affirmatively elect to make or not make a direct rollover. I also certify that I have read the Employment Termination Statement on the back of this form.

Signature of Member: _____ Date: _____

STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

(Seal)

Notary Signature: _____

My Commission Expires: _____

ORDINANCE NO. 2003-36**AN ORDINANCE TO AMEND SECTION 4.10 OF THE MERIT SYSTEM RULES AND REGULATIONS OF THE CITY OF PHENIX CITY, ALABAMA**

BE IT ORDAINED BY THE City Council of Phenix City, Alabama as follows:

Section 4.10 of the Merit system Rules and Regulations of the City of Phenix City, Alabama is hereby amended to read as follows:

Section 4.10 MERIT INCREASES

Pay steps within a salary range are established to allow a means of rewarding an employee for merit, to encourage long-term careers with the city, to provide incentive, and to recognize individual differences in job performance. Increases within the salary schedule are not automatic.

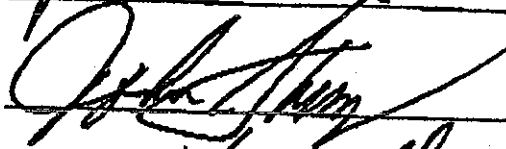

Merit increases will be effective beginning the pay period on or near the anniversary date of October 1 of each year as set by City Council. An employee may be advanced to the next pay step or, in exceptional cases, to a higher pay step; increases will be based on job performance as appraised by the appropriate department head.


Only under special circumstances and with the approval of the City Manager will merit increases be awarded to employees hired during the last quarter of the fiscal year.

PASSED, APPROVED and ADOPTED this 18th day of November, 2003.


MAYOR


MEMBERS OF THE CITY COUNCIL OF THE

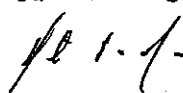


CITY OF PHENIX CITY, ALABAMA


MEMBERS OF THE CITY COUNCIL OF THE
CITY OF PHENIX CITY, ALABAMA

ATTEST:


CITY CLERK

David P. Davis



ORDINANCE NO. 2003-35

AN ORDINANCE TO AMEND SECTION 1.099 OF THE MERIT SYSTEM RULES AND REGULATIONS OF THE CITY OF PHENIX CITY, ALABAMA

BE IT ORDAINED by the City Council of the City of Phenix City, Alabama as follows:

Section 1.099 of the Merit System Rules and Regulations of the City of Phenix City, Alabama is hereby amended to read as follows:

Section 1.099 Dress Code

The employees of the City of Phenix City are representatives of the City, and the appearance of the staff is an important element in the image that the City projects. Each employee is to dress in a manner that presents a professional and business-like appearance. Because every employee may at one time or another come in contact with our citizens, it is important for all employees to be dressed appropriately at work everyday, and/or when driving city vehicles.

Employees shall exercise good taste in their dress. They shall be governed in a manner appropriate for the surroundings into which their assignments take them. Therefore, all City of Phenix City employees shall be governed by the following specifications:

- No mini-skirts/dress shorter than two inches above the knees
- No shorts
- No halter tops, tank tops, muscle shirts, tee shirts, or low necklines
- No see through garments or tight fitted clothing
- No leggings, stretch pants, jogging suits, wind suits or sweat suits
- No hats in the office
- No flip flops, slippers or tennis shoes

If provided, city uniforms must be worn at all times during working hours without exception. For jobs not requiring a city uniform, a professional, conservative business image requires that male employees wear slacks or pants, shirts and socks. Appropriate attire for female employees include dresses, skirts and blouses, denim dresses and skirts, pant suits, slacks, business suits and dress shoes, dress sandals and leather shoes. All clothing, including city uniforms must be in good condition and not torn, ragged, or extremely faded. Shirtils shall be tucked in and shirts buttoned appropriately.

Blue jeans are permitted for positions requiring significant work outdoors or in dirty areas, such as inspectors, employees working special events such as Christmas lighting, parades, etc. In general blue jeans are not permitted in office positions that provide daily public service, but may be permitted for a limited number of special occasions. Special occasions will be designated by the City Manager and Personnel Director.

Shorts may be worn by meter readers and recreational workers (center coordinators, etc.) during the months of June, July and August. City issued shirts must be worn at all times. Tennis shoes are acceptable for employees in these positions.

EMPLOYEE INFORMATION CHANGE FORM

Please print

1. DAVID Paul DAVIS, employee number 1299 respectfully request the following information be updated in my personnel file.

Note: This form will only change your personnel file, you must also complete the required forms from the Retirement System and Blue Cross & Blue Shield Insurance to make address changes, etc.

*****Please check all that apply*****

(✓)

Change

() Home Address to

() Mailing Address to

() Telephone number ()

() Name to

(must attach legal documentation, i.e., marriage certificate, court order, adoption papers, AND social security card)

☒ Emergency notification to

Name Brenda Bunn Davis

Address 185 Lee Rd. 236

Phoenix City, AZ 85001

Phone (334) 291-1927

Relationship Spouse

Signature

12/03/2003
Date

Received 1 / 2003

Sent to Dept / / 2003

Posted / / 2003

received
12/24/03

City of Phenix City, Alabama



1107 Broad Street
Post Office Box 1207
Phenix City, Alabama 36868-1207
Telephone (334) 291-4704

This is to verify that on 4/20/98 I was issued a copy of the

Employee Handbook for the City of Phenix City.



Employee Signature

Sammy Howard
Mayor

Jimmy Graham
Council Member At Large

Peggy Perkins Martin
Council Member District 1

Cecil W. McLemore, Jr.
Council Member District 2

Arthur L. Sumbry
Council Member District 3

EMPLOYEE INFORMATION CHANGE FORM

I, David Paul Davis respectfully request the following information
(please print name) be updated in my personnel file.
(Please check all that apply.)

☒ Change home address to

185 Lee Rd 236

Phoenix City, AZ 85020

☒ Change mailing address to

185 Lee Rd 236

Phoenix City, AZ 85020

☐ Change telephone number

☐ Change name to
(Must attach legal documentation
i.e., marriage certificate, court
order, adoption papers, etc.)

☐ Change emergency notification to Name:

Address:

Phone:

Relationship:

David P. Davis
EMPLOYEE

[Signature]
DEPARTMENT HEAD

6-20-01
DATE

7/5/01 called Norma to have him come by to complete BCB5 & Ret. changes.

POSTED
7/5/01

DATE APRIL 21, 1998DRIVER'S LICENSE NO. AL 5883643NAME DAVID PAUL DAVISAGE 23 SEX M RACE WDATE OF BIRTH 11-09-74MARITAL STATUS SINGLESOCIAL SECURITY NO. 256-19-1294TELEPHONE NUMBER 291-1927HOME ADDRESS 6225 LEE ROAD 240 PHENIX CITY AL 36867MAILING ADDRESS SAME AS ABOVEDEPARTMENT FIRE

DIVISION _____

DATE OF EMPLOYMENT 04-27-98POSITION FIREFIGHTERBASE PAY 7.7525 HOURLY☒ FULL-TIME821.77 BI-WEEKLY☐ PART-TIME21,366.02 ANNUALLY☐ TEMPORARYE.M.T. BI-WEEKLY☒ PERMANENT

TOTAL PAY _____ HOURLY

8F&P GRADE 1 STEPBI-WEEKLY☐ FLSA EXEMPTANNUALLY☒ FLSA NON-EXEMPT53 HOURS WORKED PER WEEKCOBRA INSURANCE INFORMATION GIVEN ☒ YES ☐ NO

NAME OF SPOUSE _____ DATE OF BIRTH _____

NAME OF DEPENDENTS _____ DATE OF BIRTH _____

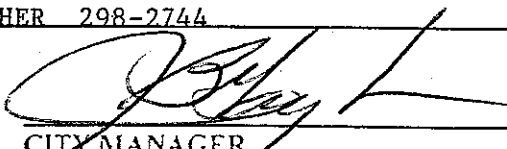
DATE OF BIRTH _____

DATE OF BIRTH _____

DATE OF BIRTH _____


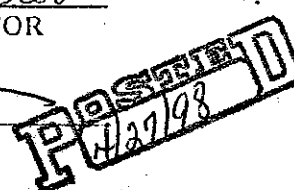
DATE OF BIRTH _____

DATE OF BIRTH _____

IN CASE OF EMERGENCY, NOTIFY DONNA DAVIS, MOTHER 298-2744
EMPLOYEE
CITY MANAGER
DEPARTMENT HEAD

12/15/89

6/26/95 REVISED


HUMAN RESOURCES DIRECTOR
PUBLIC SAFETY DIRECTOR
POSTED
4/27/98



APRIL 01, 1996

1107 Broad Street
Post Office Box 1207
Phenix City, Alabama 36868-1207
Telephone (334) 291-4704

DIRECTIVE

TO: ALL CITY EMPLOYEES
FROM: BOBBY GAYLOR, CITY MANAGER
RE: SOBRIETY TEST

ANYTIME A CITY EMPLOYEE IS INVOLVED IN AN AUTOMOBILE ACCIDENT WHILE OPERATING A CITY VEHICLE, THE DRIVER OF THE CITY VEHICLE WILL IMMEDIATELY REPORT THE ACCIDENT AND SUBMIT TO A SOBRIETY TEST BY THE POLICE DEPARTMENT. FURTHER, ANY EMPLOYEE DRIVING A CITY VEHICLE IN WHICH AN INCIDENT OCCURS WHICH RESULTS IN DAMAGE TO THE CITY VEHICLE EXCEEDING \$50.00 WILL IMMEDIATELY REPORT THE INCIDENT AND SUBMIT TO A SOBRIETY TEST BY THE POLICE DEPARTMENT. FAILURE TO ADHERE TO THIS DIRECTIVE COULD RESULT IN YOUR TERMINATION OF EMPLOYMENT WITH THE CITY OF PHENIX CITY OR OTHER DISCIPLINARY ACTION.

THIS DIRECTIVE IS TO BE POSTED ON ALL BULLETIN BOARDS IN CITY DEPARTMENTS AS A PERMANENT DOCUMENT.

I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS DIRECTIVE THIS 20
DAY OF April


SIGNATURE

Sammy Howard
Mayor

Jimmy Graham
Council Member At Large

Peggy Perkins Martin
Council Member District 1

Cecil W. McLemore, Jr.
Council Member District 2

Arthur L. Sumbry
Council Member District 3



City of **PHENIX CITY** *Alabama*

P. O. BOX 1207
PHENIX CITY, ALABAMA 36868-1207
(334) 448-2701

PEGGY MARTIN
MAYOR

JEFF HARDIN
COUNCIL MEMBER AT LARGE

MARK CARTER
COUNCIL MEMBER DISTRICT 1

CECIL McLEMORE
COUNCIL MEMBER DISTRICT 2


ARTHUR SUMBRY
COUNCIL MEMBER DISTRICT 3

BOBBY GAYLOR
CITY MANAGER

JAN THOMAS
CITY CLERK/TREASURER

ACKNOWLEDGMENT RECEIPT OF SEXUAL HARASSMENT POLICY
ORDINANCE NO. 99-02

I, David Paul Davis, hereby
acknowledge that I have received a copy of the City of Phenix City's
policy prohibiting sexual harassment. This policy has been explained to
me or I have had the opportunity to read it and understand its
provisions. I understand that I, as an employee, have the right to file
complaints alleging sexual harassment, and I understand the
procedures for doing so that are set out in the policy.



Employee Signature

4-27-99

Date



City of **PHENIX CITY** *Alabama*

1111 BROAD STREET - BUILDING B
PHENIX CITY, ALABAMA 36867
(334) 448-2707 • FAX (334) 448-2712

PEGGY MARTIN
MAYOR

JEFF HARDIN
COUNCIL MEMBER AT LARGE

MARK CARTER
COUNCIL MEMBER DISTRICT 1

CECIL McLEMORE
COUNCIL MEMBER DISTRICT 2

ARTHUR SUMBRY
COUNCIL MEMBER DISTRICT 3

BOBBY GAYLOR
CITY MANAGER

DANA McPHERSON
HUMAN RESOURCES DIRECTOR

JAN THOMAS
CITY CLERK

My signature below indicates I have attended training on the City's Substance Abuse Policy. I further declare the Drug-Free Workplace Program has been explained to me and I am aware of the rehabilitation options available to me through BlueCross BlueShield of Alabama and/or the Pastoral Institute. I understand failure to comply with a drug testing request or a positive test result will result in termination of my employment.

David P. Davis

EMPLOYEE NAME

(please print)

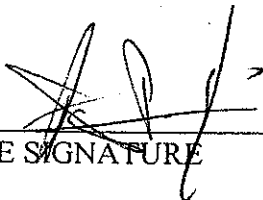

EMPLOYEE SIGNATURE

7 - 26 - 00

DATE

I do hereby certify I have received a copy of the City of Phenix City's Substance Abuse and Testing Policy. I further declare the Drug-Free Workplace Program has been explained to me. I understand if my performance indicates it is necessary, I will submit to a drug test. I also understand that failure to comply with a drug testing request or a positive result may lead to termination of employment.

David Davis
EMPLOYEE NAME (please print)


EMPLOYEE SIGNATURE

4/20/98
DATE



1107 Broad Street
Post Office Box 1207
Phenix City, Alabama 36868-1207
Telephone (334) 291-4704

THE DRUG-FREE WORKPLACE ACT

The City of Phenix City seeks to have a drug-free workplace. In accord with the Drug-Free Workplace Act of 1988 and to promote drug-free awareness among employees, the City of Phenix City, through posting of notices and discussions with employees regarding this policy will inform employees that:

1. Drug abuse in the workplace creates a dangerous environment in the workplace for the employee engaged in the drug abuse and endangers the health, safety and welfare of all employees and other persons in the workplace.
2. It is the policy of the city of Phenix City to maintain a drug-free workplace. The illegal manufacture, distribution, possession or use of drugs, or acting under the influence of drugs, in this workplace is strictly prohibited.
3. Information will be available on a confidential basis on public and private drug counseling, rehabilitation, and employee assistance programs, upon the request of any employee.
4. Penalties may be imposed upon employees for drug abuse violations, up to and including termination of employment.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on any premises occupied or controlled by the City of Phenix City. Appropriate disciplinary actions, which may include termination, will be taken against City of Phenix City employees for violations of this prohibition.

"Controlled substance" for purposes of this Statement means a controlled substance listed in schedules I through V of Section 202 of the Controlled Substances Act(21 U.S.C. Section 812), and as further defined by federal regulations. (21 C.F.R. Sections 1300.11 through .15) This list includes, but is not limited to, marijuana, heroin, PCP, cocaine and amphetamines.

Sammy Howard
Mayor

Jimmy Graham
Council Member At Large

Peggy Perkins Martin
Council Member District 1

Cecil W. McLemore, Jr.
Council Member District 2

Arthur L. Sumbry
Council Member District 3

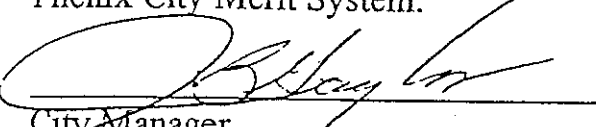
A condition of employment for work under any grant received by the City of Phenix City from the federal government, is that each employee directly engaged in the performance of work funded by such a grant will:

1. Abide by the terms of this Statement.
2. Notify the City of Phenix City of his or her criminal drug statute conviction for any violation occurring in the workplace no later than 5 days after such conviction.
 - a.. "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
 - b. "Criminal drug statute" means a federal or non-federal criminal statute involving manufacture, distribution, dispensation, use or possession of any controlled substance.

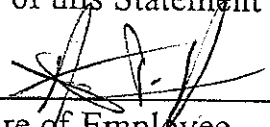
If the criminal drug statute violation occurred during the employee's working hours with the City of Phenix City, a sanction will be imposed on the employee so convicted. Within 30 days after receiving notice of the conviction:

1. The City of Phenix City will take appropriate disciplinary action against such employee, up to and including termination; or
2. The City of Phenix City will require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purpose by a federal, state, or local health, law enforcement or other appropriate agency.

This notice supplements, and does not replace, the Rules and Regulations of the City of Phenix City Merit System.


City Manager

A copy of this Statement was received by David Davis this 20 day of April 1998.


Signature of Employee

CITY OF PHENIX CITY
PLEASE READ BEFORE COMPLETING
DISCLOSURE STATEMENT

This City does not discriminate in hiring or any employment practice on the basis of race, color, religious creed, national origin, sex ancestry or age, nor does this City discriminate against any employee or applicant for employment because of physical or mental disability, in regard to any position for which the employee or applicant for employment is qualified. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to the Personnel Director in order for the matter to be investigated further.

This application will be given every consideration, but its receipt does not imply that you will be employed.

STATEMENT AGREEMENT

I hereby acknowledge that I have read the foregoing Disclosure Statement and understand the contents. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED ON THE SUCCESSFUL COMPLETION OF AN EXAMINATION OR TEST FOR DRUG ABUSE.

- * A positive test result will cause my application for employment to be denied.
- * If the results of the test are positive, I may, upon written request within five days from receiving the test results, obtain a confirmation test using a proven test method. Confirmation results will be interpreted by a qualified physician designated by the City.
- * This test is voluntary, I may refuse to take this test or sign this form. However, refusal will cause denial of my employment application.
- * I further authorize the release of the test results to the City on the understanding that the information will be used for the City's employment purposes.

I understand that this application is not an offer of employment and that by accepting my application the City does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, the City reserves and retains the right to make such changes in the terms and conditions of my employment as determined to be necessary and appropriate.

Signature

Date

Witness

Date

CITY OF PHENIX CITY

EMPLOYMENT APPLICATION

Personnel Office

APPLICANT

- Please complete pages 1 through 4
- print in ink.
- If you have a resume, please attach
- If you need more space, attach a supplemental page

■ Immigration Reform and Control Act of 1986 requires identity and employment eligibility verification for employment

GENERAL

NAME	(LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.	DATE OF APPLICATION
	Davis	David	Paul	256-19-1297	3/25/98
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				PHONE-HOME	PHONE-WORK
6225 Lee Rd. 240 Phenix City, AL 36867				291-1927	821-1113
HAVE YOU WORKED FOR THE CITY OF PHENIX CITY BEFORE?		IF YES, DATES OF EMPLOYMENT		DEPARTMENT	POSITION
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
HAVE YOU FILED AN APPLICATION HERE BEFORE?		IF YES, GIVE DATE		ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOU AT YOUR PLACE OF WORK?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE RELATIVES EMPLOYED AT THE CITY OF PHENIX CITY?		IF YES, GIVE NAME		DEPARTMENT	RELATIONSHIP
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?		IF UNDER THE AGE OF 18, GIVE DATE OF BIRTH			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MONTH DAY YEAR			

POSITION

TITLE OF POSITION FOR WHICH YOU ARE APPLYING?		SALARY EXPECTED	
Firefighter		\$ 19,000	
DATE AVAILABLE	ARE YOU SEEKING FULL TIME EMPLOYMENT	OTHER	IF OTHER, PLEASE DESCRIBE
3/30/98	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
WILL YOU WORK HOURS OTHER THAN 8 TO 5?	WILL YOU WORK WEEKENDS?	WILL YOU ACCEPT TEMPORARY WORK?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

GENERAL AREA OF OCCUPATIONAL INTEREST (CHECK ONLY ONE)

☐ CLERICAL
 ☐ SERVICE/MAINTENANCE
 ☐ TECHNICAL
 ☐ CRAFTS/TRADES
 ☐ PROFESSIONAL/ADMINISTRATIVE
 ☒ PUBLIC SAFETY

OFFICE SKILLS		COMPUTER HARDWARE/PROGRAMMING LANGUAGES/SOFTWARE PRODUCTS USED	SKILLED TRADES
WORD PROCESSING EQUIPMENT OPERATED	SOFTWARE PACKAGES USED		
		Visio	YEARS EXPERIENCE
			CERTIFICATIONS <input checked="" type="checkbox"/>
			LICENSES
TYPING - WPM	OTHER OFFICE EQUIPMENT OPERATED		Firefighter I
			Apparatus Operator
			First Responder
			Haz-mat First Responder

EMPLOYMENT RECORD

*ITEMS MARKED WITH AN ASTERISK NEED NOT BE ANSWERED IF YOU ENCLOSE A RESUME

EMPLOYER <u>Auburn Fire Division</u>	POSITION TITLES(LIST EARLIEST FIRST) <u>student Firefighter</u>	START DATE <u>6/28/97</u>	END DATE <u>still working</u>	STARTING SALARY \$ <u>\$5.25 an hour</u>	HOURS PER WEEK <u>53</u>
STREET ADDRESS <u>359 East Magnolia Ave.</u>				FINAL SALARY \$ <u>\$5.40 an hour</u>	HOURS PER WEEK <u>53</u>
CITY, STATE, ZIP <u>Auburn, AL 36830</u>	LAST SUPERVISOR'S NAME <u>Captain Dean Garrett</u>	PHONE <u>897-4649</u>	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE POSITION* <u>Firefighter (student)</u>	REASON FOR LEAVING <u>still working there.</u>				

PRIOR EMPLOYMENT, MILITARY SERVICE, OR SIGNIFICANT VOLUNTEER WORK

EMPLOYER <u>Lamar Pecan</u>	POSITION TITLES(LIST EARLIEST FIRST) <u>landscaper</u>	START DATE <u>10/5/97</u>	END DATE <u>still working</u>	STARTING SALARY \$ <u>\$5.25 an hour</u>	HOURS PER WEEK <u>20</u>
STREET ADDRESS <u>Wire Rd.</u>				FINAL SALARY \$ <u>\$5.50 an hour</u>	HOURS PER WEEK <u>20</u>
CITY, STATE, ZIP <u>Auburn, AL 36830</u>	LAST SUPERVISOR'S NAME <u>Lee Lamar</u>	PHONE <u>897-5557</u>	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE POSITION* <u>Maintain Nut Farm and landscaping</u>	REASON FOR LEAVING <u>still working there</u>				

EMPLOYER <u>Brady Sesser Inc.</u>	POSITION TITLES(LIST EARLIEST FIRST) <u>construction worker</u>	START DATE <u>2/15/97</u>	END DATE <u>6/20/97</u>	STARTING SALARY \$ <u>\$5.50</u>	HOURS PER WEEK <u>40</u>
STREET ADDRESS <u>1340 Blanchfield Dr.</u>				FINAL SALARY \$ <u>\$6.00</u>	HOURS PER WEEK <u>40</u>
CITY, STATE, ZIP <u>Columbus 31904</u>	LAST SUPERVISOR'S NAME <u>Brady Sesser</u>	PHONE <u>327-5715</u>	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE POSITION* <u>Repair homes damaged by fires or storms</u>	REASON FOR LEAVING <u>Went to work for Fire Division</u>				

EMPLOYER Won's Karate Academy	POSITION (LIST LAST FIRST) Karate Instructor	START DATE 4/8/89	END DATE 5/10/94	STARTING SALARY \$ 4.75	HOURS PER WEEK 20
STREET ADDRESS 3784 Opelika Rd				FINAL SALARY \$ 6.00	HOURS PER WEEK 20
CITY, STATE, ZIP Merix City, AL 36867	LAST SUPERVISOR'S NAME Young Won	PHONE 297-7851		MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE POSITION*	REASON FOR LEAVING				
Taught martial arts to children & adults	Started school took up too much time.				

EDUCATION & TRAINING

CIRCLE THE HIGHEST GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE
YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 0 2 3 4 1 2 3 4

HIGH SCHOOL LAST ATTENDED	NAME OF SCHOOL CITY AND STATE	DATES ATTENDED		GRADUATE?		TYPE OF DEGREE OR DIPLOMA	GRADE AVER. (A,B,C, etc.)	MAJOR SUBJECT
		FROM	TO	YES	NO			
Smith Station	Smith Station, AL	9/89	4/93	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General	B+	General High school curriculum
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CVCC CITY AND STATE Merix City, AL	2/94	3/98	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Science	B	Fire Science
COLLEGE UNIVERSITY OR TECHNICAL SCHOOL	NAME OF SCHOOL CITY AND STATE							
PROFESSIONAL VOCATIONAL OR TECHNICAL SCHOOL								

LIST ACADEMIC HONORS, AWARDS, SCHOLARSHIPS, ETC., YOU CONSIDER SIGNIFICANT AND RELEVANT TO EMPLOYMENT. LIST ALSO PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND STATE OF LICENSE.

First Responder **Hazardous Materials** **First Responder**
Fire Fighter I
Apprentice Operator **AL** **A12341**

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION.

NAME	MAILING ADDRESS	PHONE NO. (DAY)
Tommy Hill	2662 College Dr. PC 36869	291-4908
Young Won	159 Lee Rd. PC 36867	298-4473
Lee Lamar	139 Wix Rd. Auburn, AL 36830	987-5557

- HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? ☐ YES ☒ NO
 - HAVE YOU EVER RESIGNED AFTER OFFICIAL NOTIFICATION THAT YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? ☐ YES ☒ NO
 - HAVE YOU BEEN CONVICTED OF ANY CRIMINAL DRUG OFFENSE? ☐ YES ☒ NO
 - HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☒ NO
IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: _____
- (CONVICTION WILL NOT NECESSARILY BAR YOU FROM CONSIDERATION FOR EMPLOYMENT.)

I CERTIFY THAT ALL INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO BE BOUND THEREBY. I HEREBY CONSENT TO THE DULY AUTHORIZED REPRESENTATIVES OF THE CITY OF PHENIX CITY CONTACT ANY OF MY FORMER EMPLOYERS, ANY OF THE EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED, AND ANY OTHER PERSONS OR ORGANIZATIONS WHOM IT DETERMINES MIGHT HAVE INFORMATION RELEVANT TO MY APPLICATION HERE. I FURTHER CONSENT TO THOSE PERSONS OR ORGANIZATIONS DIVULGING RELEVANT INFORMATION TO THE CITY OF PHENIX CITY NOTWITHSTANDING THAT IT MIGHT OTHERWISE BE CONFIDENTIAL, SUCH AS RECORDS OF DISCIPLINARY PROCEEDINGS. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY THE CITY OF PHENIX CITY IN THE COURSE OF THOSE CONTACTS WILL BE TREATED IN THE STRICTEST CONFIDENCE. I UNDERSTAND THAT BY ACCEPTING THIS APPLICATION THE CITY DOES NOT INCUR ANY LIABILITY FOR MY FUTURE EMPLOYMENT AND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE CITY TO CONTINUE TO EMPLOY ME IN THE FUTURE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION OR IN AN INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND AND AGREE TO ABIDE BY THE WORK RULES AND REGULATIONS OF THE CITY OF PHENIX CITY.

SIGNATURE OF APPLICANT

DATE 3/25/98

FOR PERSONNEL OFFICE USE ONLY

R E F E R E N C E C H E C K	EMPLOYER	PERSON CONTACTED	RESULTS
	1		
	2		
	3		
	4		
	5		

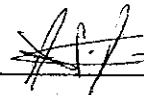
T E S T S R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS

N O T E S	

JOB DESCRIPTIONIDENTIFICATION

JOB TITLE: FIREFIGHTER
 DEPARTMENT: FIRE
 F.L.S.A. STATUS: NON EXEMPT
 DATE: 04/27/98
 EMPLOYEE NAME: DAVID PAUL DAVIS


JOB SUMMARY

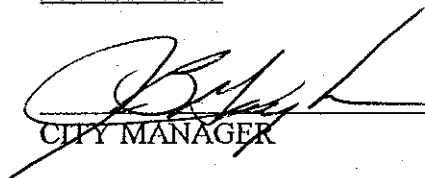
The firefighter, under directions of the company officer, shall provide skills in combating, extinguishing and preserving evidence of arson at fires. Shall operate and perform maintenance of fire department equipment, apparatus and quarters. Firefighters shall have extensive training in the performance of fire fighting and rescue activities. Shall perform hazardous tasks under emergency conditions, which may require strenuous exertion in smoke filled and cramped surroundings. The firefighter shall participate in building inspections and many drill exercises on D.O.P.s.

DUTIES AND RESPONSIBILITIES

The firefighter shall be responsible for protecting life and property through the prevention and extinguishing of fires and the precaution to prevent rekindling and shall preserve any evidence pertaining to fires of suspicious origins. The firefighter shall keep station and equipment clean and in operation. Shall participate in drills and other fire department training activities as directed and become thoroughly familiar with all equipment. Shall be familiar with and obedient to rules, regulations, orders and D.O.P.s. The firefighter shall comply with all merit rules and regulation guide lines. The firefighter shall have knowledge of the operations and tasks performed with apparatus and the emergency equipment. Shall have knowledge of building construction, sprinkler and standpipe systems. Shall know proper use of emergency equipment and safety precautions and shall have knowledge of hazardous materials, first aid procedures, ropes and knots, forcible entry, salvage and overhaul and have knowledge of the street system and locations of water hydrants. Shall have the ability to climb ladders and work at considerable heights, the ability to establish and maintain working relationships with other employees and the general public, and the ability to understand and follow oral and written instructions.

JOB SPECIFICATIONS

19 years old; Valid driver's license;
 Must provide proof of completion of 30 quarter hours minimum or semester equivalent from accredited college; Must obtain EMT (Basic) within one year from date of hire. Applicant currently with EMT Certification preferred.

APPROVALS


CITY MANAGER



DEPARTMENT HEAD



HUMAN RESOURCES DIRECTOR



PUBLIC SAFETY DIRECTOR

Training/Education

____ Certificates of Attendance/Completion of Training

____ Diplomas

Alabama State Board of Health
THIS IS TO CERTIFY that a license is granted by the STATE BOARD OF HEALTH
To

DAVIS, DAVID PAUL

This license Shall Expire March 31, 2008 and is subject to the provisions of The Code of Alabama, 1975, 22-18-1, et seq. This license shall not be Assignable or Transferable, and the licensee may be subject to disciplinary action, up to and including license suspension or revocation for any pertinent violation of the current ALABAMA STATE BOARD OF HEALTH, EMERGENCY MEDICAL SERVICES RULES.

IN WITNESS WHEREOF, I have unto set my hand this

License No:

9900016

License Level:

Paramedic/Driver

00127975

February 2, 2006

State Health Officer



EMERGENCY MANAGEMENT INSTITUTE

Certificate of Achievement

This Certificate of Achievement is to acknowledge that

DAVID P. DAVIS

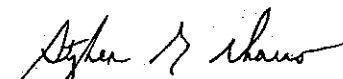
Has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-700

**National Incident Management System
(NIMS) an Introduction**

Issued this 23rd Day of August, 2004

0.3 CEU



Stephen G. Sharro
Director, Training Division



UNITED STATES FIRE ADMINISTRATION

ALABAMA FIRE COLLEGE AND PERSONNEL STANDARDS COMMISSION



In recognition of successful completion
of the required courses of study, awards this

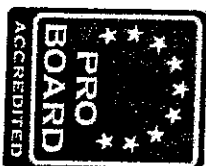
FIRE INSTRUCTOR I

CERTIFICATE
to

David Paul Davis

this 29th day of July, 2004

Wiley A. Spivey Sr.
Chairman of Commission



W. G. Sampson
Executive Director

Certificate Number 114484



Alabama State Board of Health

THIS IS TO CERTIFY that a license is granted by the STATE BOARD OF HEALTH
To

DAVIS, DAVID P

This license Shall Expire March 31, 2006 and is subject to the provisions of The Code of Alabama, 1975, 22-18-1, et seq. This license shall not be Assignable or Transferable, and the licensee may be subject to disciplinary action, up to and including license suspension or revocation for any pertinent violation of the current ALABAMA STATE BOARD OF HEALTH, EMERGENCY MEDICAL SERVICES RULES.

IN WITNESS WHEREOF, I have unto set my hand this February 25, 2004

License No: 9900016

License Level: Paramedic/Driver

00117416


State Health Officer

ADPH-P-EAS-01 / B-2000(BS)

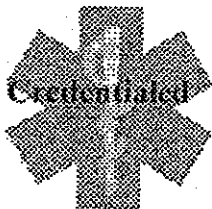


Alabama State Board of Health

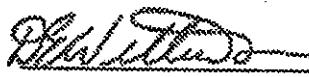
This Certifies DAVIS, DAVID P
as a licensed Paramedic/Driver

Transfer Drugs

License No. 9900016



Expires: 03/31/2006


State Health Officer

Alabama State Board of Health

PHOTO

DAVIS, DAVID P
Paramedic/Driver
9900016
03/31/2006
Credentialed

DAVIS, DAVID P
185 LEE RD 236
PHENIX CITY, AL 36870

Alabama State Board of Health

THIS IS TO CERTIFY that a license is granted by the STATE BOARD OF HEALTH
To

DAVIS, DAVID P

This license Shall Expire March 31, 2004 and is subject to the provisions
of The Code of Alabama, 1975, 22-18-1, et seq. This license shall not be Assignable
or Transferable, and the licensee may be subject to disciplinary action, up to and
including license suspension or revocation for any pertinent violation of the current
ALABAMA STATE BOARD OF HEALTH, EMERGENCY MEDICAL SERVICES RULES.

IN WITNESS WHEREOF, I have unto set my hand this January 8, 2003

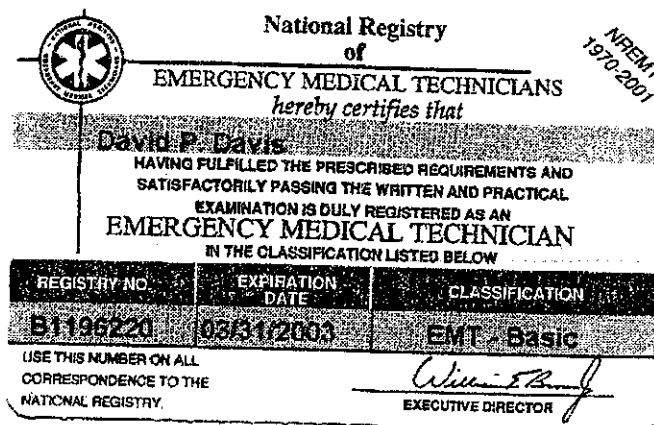
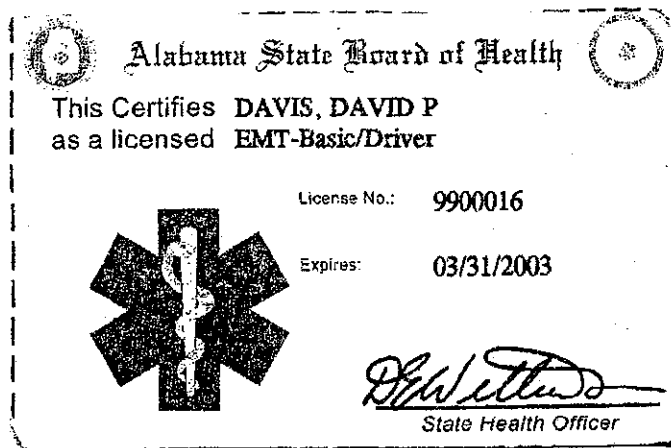
License No: 9900016

License Level: Paramedic/Driver

00108181



State Health Officer



rec 4-2-01

3-31-01

M. Hansen

Smiths Station High School

State of



Alabama

This is to Certify that

David Paul Harris

has satisfied the requirements for graduation from the Smiths Station High School as prescribed by the State Board of Education and the Lee County Board of Education and is therefore entitled to this

Diploma

In Testimony Whereof and by authority in us vested, we have

affixed our signatures June 4, 1993

CHAIRMAN, COUNTY BOARD OF EDUCATION

Nash J. Clark

Larry Brumell
PRINCIPAL

John C. Perkins
SUPERINTENDENT

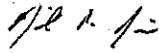
Disciplinary/Grievances

Mrs. Barbara Goodwin,

August 05, 2005

I, Sergeant David P. Davis of Phenix City Fire/Rescue, respectfully request a copy of all my employee and personnel files.

Respectfully,



David P. Davis
185 Lee Road 236
Phenix City, Alabama 36870



Phenix City Fire/Rescue Services

*1111 Broad Street
Phenix City, Alabama 36867
(334) 448-2817 Fax (334) 291-4755*



H.H. Roberts, City Manager

*Roy Waters
Deputy Chief*

*Wallace B. Hunter
Fire Chief*

*Kristin Kennedy
Assistant Chief/Fire Prevention*

*Kenneth Johansen Mickleal Hanson
Assistant Chief Assistant Chief*

*James Jackson Bobby Brooks
Assistant Chief Captain/Training Officer*

Memo

To: H.H. Roberts, City Manager

From: Wallace B. Hunter, Fire Chief WBH

Date: April 20, 2006

CC: Barbara Goodwin, Personnel Director

Re: Sergeant David Davis Merit System and S.O.P. Violations

This memo is to inform you about a conversation between Personnel Director Barbara Goodwin and myself about the city's new probation time for new hires for Public Safety. During this conversation, I was informed that one of our firefighters, Sgt. David Davis, called Mayor Hardin to discuss or complain about the new policy. This is a clear violation of our Merit System and S.O.P's. Sgt. David Davis was counseled on this type of violation in September 2005 and he signed indicating his understanding of this violation.

On Wednesday, April 19, 2006, Deputy Chief Roy Waters met with Sgt. Davis and asked him why he violated the chain of command and Merit System to call Mayor Hardin. His response was that as president of the Phenix City Firefighters Association/Legal-3668; he made a call in regards to labor issues in which he had concerns with. Mayor Hardin returned his call later that evening and they discussed the issues in which he wanted to address.

David Davis has made it clear that he will not adhere to our Merit System grievance process or the department and city's standard operating procedures. Mayor Hardin should refer any employee violating the chain of command, as indicated in our merit system back to their department head, personnel department or city manager. Failing to do so is a violation of our city charter. This continued disrespect of the city's policies and procedures from Sgt. Davis has made it very difficult for me to expect other members of the fire department or the city to adhere to any

policies and procedures if he's allowed to continue any further with this type behavior.

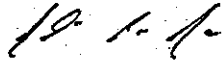
I also feel very strongly that someone should speak with Mayor Hardin about this sensitive issue of interfering with the jobs that department heads are trying to do to keep their departments running smoothly and effectively.

04/19/2006

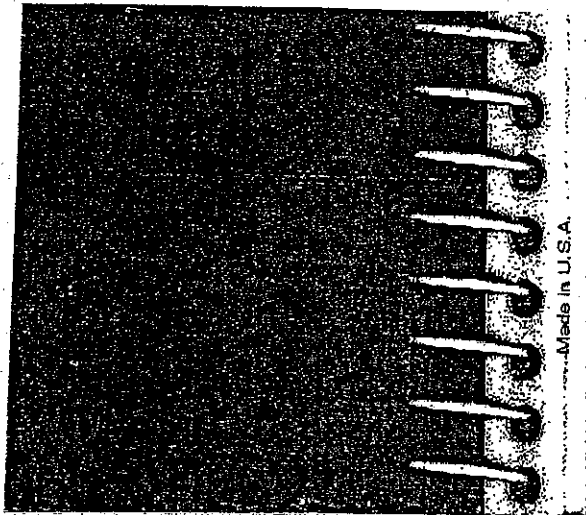
Wallace Hunter, Fire Chief

On Monday April 17, 2006 I placed a call to Mayor Jeff Hardin's office. As President of the Phenix City Firefighters Association/Local -3668, I made this call in regards to some labor issues in which I had concerns with. Mayor Hardin returned my call later that evening and we discussed the issues in which I wanted to address.

Respectively,

A handwritten signature in dark ink, appearing to read "D. P. Davis", written in a cursive style.

David P. Davis



PHONE CALL

FOR Mayor DATE 4/17 TIME 12:30 A.M.
M David Davis

OF ☐ FAX ☐ MOBILE

PHONE 291-1927 AREA CODE 291 NUMBER 1927 EXTENSION

MESSAGE re: City proposals -
he would not speak with anyone
else.

SIGNED James TOPS FORM 4003



City of **PHENIX CITY** *Alabama*

601 - 12TH STREET
PHENIX CITY, ALABAMA 36868
(334) 448-2720 • FAX (334) 291-4702

JEFF HARDIN
MAYOR

RAY BUSH
MAYOR PRO TEM

JOHN STOREY
COUNCIL MEMBER DISTRICT 1

GAIL BRANTLEY
COUNCIL MEMBER DISTRICT 2

ARTHUR SUMBRY
COUNCIL MEMBER DISTRICT 3

H. H. (Bubba) ROBERTS
CITY MANAGER

MARTHA HARRIS
CITY CLERK

February 14, 2006

Mr. Harold A. Schaitberger
General President
Internal Association of Fire Fighters
1750 New York Avenue, N. W.
Washington, D.C. 20006-5395

RE: David Davis Personnel Hearing

Dear Mr. Schaitberger:

I am in receipt of and have reviewed your letter to me of January 31, 2006. The hearing involving Mr. Davis occurred in August of 2005. At that time, Mr. Davis expressed his concerns. Since that time, I believe his concerns have been satisfactorily addressed. Our Deputy Chief spoke with Mr. Davis upon receipt of your letter and Mr. Davis expressed that he thought everything in the department was going good and that he did not have any complaints.

We are working hard to promote harmony within our department. We try to treat our firefighters well and with respect. We want to have an excellent department that is professional inside and out and provides for the public safety of our citizens. We believe we have achieved that goal, but are always looking for ways to improve.

Thank you for bringing your concerns to my attention.

Sincerely,

H. H. Roberts
City Manager
City of Phenix City

HR:cw